

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009289

STATE FILE NUMBER

FILED APR 2 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1440

300

-57 D

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN		d. STREET ADDRESS 5744 McGEE STREET	
Length of stay in 1b 45 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARRY Middle KING Last BLISS		4. DATE OF DEATH Month MARCH Day 17, Year 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 6, 1880
9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIME LOCK TECHNICIAN		10b. KIND OF BUSINESS OR INDUSTRY LOCK COPANY	
11. BIRTHPLACE (City and state or country) STAMFORD, CONN.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME GEORGE BLISS		13b. MOTHER'S MAIDEN NAME KATHRYN BISHOP	
14. NAME OF HUSBAND OR WIFE FLORENCE I. BLISS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 043-05-3540		17. INFORMANT 5744 McGEE STREET MRS. FLORENCE I. BLISS-K. C., MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction & Rupture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			INTERVAL BETWEEN ONSET AND DEATH 44 hr
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Mar 15 59, to Mar 17 59 and last saw him alive on Mar 16 1959 Death occurred at 7:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl H. Reitz (Degree or title) D		22b. ADDRESS 404 1/2 W. 75th	
22c. DATE SIGNED 3-18-59		22d. NAME OF CEMETERY OR CREMATOR	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MARCH 19, '59	
23c. NAME OF CEMETERY FOREST HILL CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
24. FUNERAL DIRECTOR S. W. NEWCOMER'S SONS-K. C., MO.		25. DATE RECD. BY LOCAL REG. 3-19-59	
26. REGISTRAR'S SIGNATURE Deva Marshall			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Carl H. Reitz

All entries in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Thomas W. Rosen*

Licensed Embalmer No. *4889*

P. O. Address *T.C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.